

Prof interview 3. 3rd May 2018.

1. Background information about clinic/organisation, interviewee and building rapport

* To start us off, can you tell me a little bit about the clinic – is it part of a bigger clinical group for example? (if appropriate probe around business model etc).
* Can you tell me how important is egg donation in your clinic? Is it a growing technique?
* If yes, how do you manage to address the rising demand of eggs?
* (if a clinic) Can you tell me a bit a bit about how egg donation treatment is financed here – what is the private/public split? Ie is any treatment with donor eggs provided on the NHS? Do you offer subsided treatment for women who provide their eggs?
* (if its not immediately obvious) What is your role in egg donation?

1. Egg procurement

*a. Direct recruitment:*

* Do you recruit donors directly?
  + If yes: For what proportion of the eggs you use?
  + How do you recruit? E.g. What kinds of materials/channels do you use? (social media, TV, radio etc).
  + What kinds of donors do you recruit? (altruistic, egg-sharers, freeze and share, known etc.) Do you offer freeze and share or egg sharing?
  + What kind of profile are you looking for when recruiting a donor? (Age, medical history, mental health etc.) Who is not accepted?
  + Whose responsibility is recruitment?
  + Any challenges?
  + If not recruiting directly, why not/no longer?

*b. Brokers/agencies:*

* Do you use agencies or brokers? Why? Since when? What kind of? How do you evaluate working with them? What do you think about this change/development?
* What type of donors do they recruit? Would this type differ in any way from the donors you would recruit (if so)? Are you aware of the strategies they use to recruit donors?
* What do you think motivates women to come forward as egg donor? Are there any women who you would not accept as egg donors? On what grounds?

*c. Import and ‘within group’ egg banks*

* + Do you import from abroad? (What proportion? Why? Where from? What are your experiences with it?) What are your views on this?
  + Do you use eggs (that are transferred) from other clinics within your group? How does this work?
  + Do you use eggs from other (not linked) clinics? (What agreements are made between the clinics, including financial?)
  + Are there other ways in which you (indirectly) recruit donors or can get the necessary supply of donor eggs?
  + Do you think this ability to import/export/move eggs between clinics has changed your practice? How?

1. Payment/compensation

* Is it the level of compensation the same for all donors or is there some variation? (If yes, according to what criteria?)
* Do donors who generate no or very few eggs get compensation?
* How do the donors whose eggs you use in this clinic receive compensation? (what about those donating through an agency/broker or when you are using imported eggs?)
* Whose responsibility is it to provide the compensation/log this?
* Do you consider that the current compensation system works well?
* What are your views about reimbursement of donors? Should the reimbursement strictly related to proven expenses or do you consider a forfeit sum of money equal to everyone a preferable solution?

1. Clinical process and matching

* Do you carry out fresh or frozen cycles? Do you have preferences? Why?
* Screening – what do you screen for? What information is given to women about the outcomes of the screening? How is this information delivered to them? What happens if a health problem for the donor is identified?
* Do donors know how many eggs have been retrieved? Do recipients know?
* How do you 'match’ donors with recipients? How are donors informed about the way the matching is done? What are your thoughts about how matching should be done ideally?
* Do you get questions from either donors or recipients about the matching? If so, what kind of questions?
* What happens to ‘spare’ eggs?

1. Donor welfare

* What do you see as the risks involved in egg donation, for the women who provide their eggs?
* Do you have any policies or practice guidelines specifically on donor welfare?
* Do you think current policies and practices take account of the welfare of women who provide their eggs for the fertility treatment of others?
* Have you come across any problems affecting egg donors welfare and, if yes, how did you address them and how do you think these problems should be addressed?
* Who oversees the care of donors in the clinic? To whom do they go if they have questions?
* Is counselling offered? Do donors take it up? If so, in what way? If not, why not?
* Are donors offered follow-up appointments with the clinics after their donation? For how long after the donation? Who do they liaise with? If so, what is the proportion of donors that make use of it? And how would you explain this proportion?
* What happens to the women who are not accepted as egg donors?
* What happens to the women who change their minds about the donation?

Policy

* If you think about the way in which egg donation is regulated in the UK, do you think we have it about right or not?
* Do you refer to any policies/guidelines in your everyday practice?
* Did you detect a change in the demographic profile of egg donors over the last 10 years? According to your experience, was there a change or wasn’t there a change …
  + since the law on anonymity changed in 2005?
  + since the compensation levels were increased in the UK in 2012?
  + since the beginning of the economic crisis (in 2009) or since the economic recovery (2014)
  + The movement of egg donors between countries?
* Are there any ways egg donation could be improved? In what way, if at all, should this be done through regulation, if so?

1. *Closing*

* In a study about how egg donation is practices in UK/Belgium/Spain - who else should we speak to?
* Is there anything else would you like to say that we haven't covered in the interview?